

FOR OFFICE USE:

Yr Gp:

House:

Sch No:

Deposit Pd:

Registration Pd:

Agent:

Identification:



BARNARD CASTLE
SIXTH FORM

REGISTRATION
FORM

STUDENT'S NAME:



BARNARD CASTLE SIXTH FORM

REGISTRATION FORM

Student's Surname: _____

First names (underline name used): _____

Date of birth (dd/mm/yyyy): _____

Religious denomination: _____

Day

Flexi Boarding (3 nights a week min)

Full Boarding

Date of entry: January / April / September 20__

Parent/Legal guardian details

First parent / legal guardian

Full Name: _____

Address: _____

Post Code: _____

Home telephone: _____

Work: _____

Mobile: _____

Email: _____

Occupation: _____

Second parent / legal guardian

Full Name: _____

Address: _____

Post Code: _____

Home telephone: _____

Work: _____

Mobile: _____

Email: _____

Occupation: _____

Other People with parental responsibility

Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the Sixth Form will be required if an offer of a place is made.

Title: _____

Address: _____

Full Name: _____

Post Code: _____

If applicable, who has legal custody?

Details of any relationship to a past or present member of the Sixth Form:

Details of any family affiliation to a House within the Sixth Form:

Student's present school

Name of Head: _____

Name and address of present school: _____

Post Code: _____

Telephone: _____

Student's UK guardian (if you live abroad)

Name: _____

Address: _____

Post Code: _____

Telephone: _____

Work: _____

Mobile: _____

Relationship to student: _____

Please give an outline of your child's hobbies or interests (if applicable)

Three horizontal lines for writing hobbies or interests.

Please provide us with details of any medical condition, health problem or allergy affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and/or social difficulty of your child. If applicable, please enclose the most recent Educational Psychological Report.

Four horizontal lines for writing medical details.

Please confirm whether your child will require sponsorship from the Sixth Form in order to obtain a visa to study in the United Kingdom. (if applicable) Yes No

Horizontal line for confirmation response.

Ethnic background

Our ethnic background describes how we think of ourselves. This may be based on many things, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner recommends that young people aged 12 years or older have the opportunity to decide their own ethnic identity. Students aged 16 or over can make this decision for themselves.

Please study the list below and tick one box to indicate the ethnic background of the child named in this registration form.

Please also tick whether a parent of the child filled in the form below. Parent Child

Student's ethnic origin

White
 English Welsh Scottish
 Northern Irish Irish British
 Gypsy or Irish Traveller
 Any other White background, please describe:

Mixed/Multiple ethnic groups
 White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed/Multiple ethnic background, please describe:

Black/African/Caribbean/Black British
 African Caribbean
 Any other Black/African/Caribbean background, please describe:

Asian/Asian British
 Indian Pakistani Bangladeshi Chinese
 Any other Asian background, please describe:

Other ethnic group
 Arab
 Any other ethnic background, please describe:

Student's nationality

British English Scottish Welsh
 Irish German French Spanish
 Chinese Hong Kong Indian Russian
 Other, please state:

Where did you hear about us?

Word of mouth
 Family Link
 Live Locally
 Local newspaper advert (please state):
 Forces Publication (please state):
 Schools Directory Website (please state):
 Agency (please state):
 Social Media
 Other (please state):

Admission to Barnard Castle Sixth Form depends upon a prospective student meeting the criteria required to maintain, and if possible, improve the educational and general standards of the Sixth Form. The Sixth Form must feel reasonably sure that it will be able to educate and develop the prospective student to the best of his/her potential in line with the Sixth Form's ethos. All current and prospective students will be treated fairly regardless of race, gender, belief, sexual orientation, age, religion or disability.

This registration form should be returned together with a copy of your child's passport, and the non-refundable Registration Fee. Registration itself does not necessarily guarantee that a place will be available.

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the Sixth Form at the time offers are made. A copy of the Sixth Form's Terms and Conditions will be supplied on request.

Declaration

I / We request that our child named above is registered as a prospective student.

I / We understand that the Sixth Form may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that the Sixth Form may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and I / we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

All information is processed in accordance with our Privacy Notice available on our website www.barnardcastleschool.org.uk

I / We enclose the non-refundable Registration Fee of £_____ together with this completed Registration form duly signed by me / us.

Signatures of parents / legal guardians

First parent / legal guardian _____

Second parent / legal guardian _____

Signature: _____

Signature: _____

Name in full (please include all names): _____

Name in full (please include all names): _____

_____ Date of birth: _____

_____ Date of birth: _____

Relationship to child: _____

Relationship to child: _____

Date: _____

Date: _____

The information you supply will be used by the Skills Funding Agency, an executive agency of the Department of Education (DfE), to issue you with a Unique Learning Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared by the Skills Funding Agency, please refer to the Extended Privacy Notice available on the gov.uk website

Tel: +44 (0)1833 696030
Fax: +44 (0)1833 638985
Email: admissions@barneyschool.org.uk
barneysf.org.uk